

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/831682 | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	3		3			
4	3		2			
5	3		2			
6	3		2			
7	3		2			
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17	3		2			
18	1		2			
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50						
TOTAL IND.			3			
TOTAL DEP.			31			
TOTAL CLAIMS			33			

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IND.	DEP.	IND.	DEP.	IND.
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				